



SPFE Education Support Professional of the Year Nomination Form

NAME OF THE NOMINEE: _____

JOB POSITION: _____

ADDRESS (STREET): _____

CITY/STATE/ZIP: _____

PHONE (PRIMARY): _____

ALT. PHONE: _____

YEARS AS SPFT MEMBER: _____

Nominator Information:

NAME: _____

JOB/ROLE: _____

RELATIONSHIP TO NOMINEE: _____

ADDRESS (STREET): _____

CITY, STATE, ZIP: _____

PHONE: _____

E-MAIL: _____

Please use reverse side of this form to briefly describe how you have come to know the nominee's work and why you think he/she is worthy of consideration for this award.

SIGNATURE OF NOMINATOR

DATE

Please return this completed form no later than March 8, 2019 to:

SAINT PAUL FEDERATION OF TEACHERS
ESP NOMINEE COMMITTEE
23 EMPIRE DRIVE, SUITE N100
ST. PAUL, MN 55103